



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050
Fax: 800-500-3060 • Local Fax: 772-567-4609

RX Products
You Know and Trust

SEQUENTIALLY
NUMBERED

FLORIDA PRESCRIPTION PAD ORDER FORM

SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

PLEASE **PRINT CLEARLY** AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

For multiple locations/providers, please attach a second sheet with enlarged script sample or written out instructions.

1 DEA# _____ (only if you want preprinted on scripts)

2 LIC# _____ 3 NPI# _____
(Only if you want preprinted on scripts) (Only if you want preprinted on scripts)

4 Name 1 _____

5 Name 2 _____

6 Address _____ 7 Suite _____

8 City _____ State _____ Zip _____

9 Tel (_____) _____ 10 Fax (_____) _____ (Only if you want preprinted on scripts)

☐ Shipping address different than Script address, please list on separate sheet.

*** Please **CIRCLE IN INK** the amount you want to order ***

SINGLE SHEET SCRIPT PADS (Numbered)								*2-PART SCRIPT PADS (Numbered)							
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets							
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96	
	\$118.00	\$164.00	\$195.00	\$235.00	\$274.00	\$323.00	\$565.00	\$149.00	\$198.00	\$263.00	\$338.00	\$415.00	\$495.00	\$955.00	
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	
Sales tax	10.01	13.26	15.40	18.20	20.93	24.36	41.30	12.18	15.61	20.16	25.41	30.80	31.50	60.13	
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85	20.50	22.75	24.75	27.50	39.25	36.40	68.60	
Total	\$161.56	\$201.33	\$245.58	\$295.83	\$343.17	\$395.51	\$671.80	\$206.68	\$261.36	\$332.91	\$415.91	\$510.05	\$587.90	\$1108.73	

**If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

Contact _____ Phone _____

Address: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

☐ DISC ☐ AMEX EXPIRY DATE _____

☐ VISA ☐ M/C NUMBER _____ SECURITY CODE _____

* Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.

Address _____ Zip _____

Print Cardholder's Name _____

Cardholder's Signature _____ Title _____ Date _____

If mailing a CHECK for payment, please make check payable to: **Minuteman Press**

Visit us at RxMinutemanPress.com

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